

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09802248
APPLICANT(S)

03/08/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	/				
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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18		/				
19	1	/				
20		/				
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29		/				
30		/				
31	1					
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	28					
TOTAL CLAIMS	31					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS